## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

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appropriate. All further on indicated unless corrected maintenance fee notificati	d below or directed other	g the Patent, advance orderwise in Block I, by (a)	ders and notification of m ) specifying a new corresp	ondence dadress, and or	(0)		
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
52196	7590 07/23/	2009		S 45 4	CM-III on Thomas	mission	
MEDTRONIC Attn: Noreen Joh 2600 Sofamor Da	nson - IP Legal De anek Drive	partment	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
MEMPHIS, TN				(Depositor's name)			
			-			(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/635,319	08/06/2003		Benjamin Garden	MSDI-67/PC933.00		8113	
TITLE OF INVENTION	: SYSTEMS AND TECI	HNIQUES FOR STABIL	IZING THE SPINE AND I	PLACING STABILIZAT	ION SYSTEMS		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	10/23/2009	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
SWIGER III, JAMES L 3775		3775	606-061000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
PLEASE NOTE: Un recordation as set for (A) NAME OF ASSI	less an assignee is iden th in 37 CFR 3.11. Com GNEE	tified below, no assignee pletion of this form is NO	data will appear on the p of a substitute for filing an (B) RESIDENCE: (CIT)	natent. If an assignee is in assignment.  Y and STATE OR COUN	dentified below, the o	document has been filed for	
Warsaw Orthopedic, Inc. United States  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual Corporation or other private group entity Government							
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	atus (from status indicate ns SMALL ENTITY stat	tug See 37 CED 1 27	☐ b. Applicant is no lo	nger claiming SMALL EN	ITITY status. See 37 (	CFR 1.27(g)(2).	
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Authorized Signature	//	·/La	Date				
Typed or printed nar	ne Willian	n R. Richter	Registration No. 43,879				
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